



**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In Re Application of: )  
 )  
Daniel NORRIS ) Group Art Unit: 2661  
 )  
Serial No.: 09/924,468 ) Examiner: TBA  
 )  
Filed: August 9, 2001 ) Attorney Docket No.: 005451.00002  
 )  
For: A COMMUNICATIONS SYSTEM AND )  
METHOD )

**RESPONSE TO NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL  
APPLICATION UNDER 37 CFR 1.53(b)**

Assistant Commissioner of Patents  
Washington, D. C. 20231

Sir:

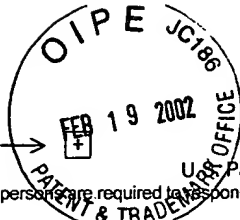
In response to the Notice to File Missing Parts of NonProvisional Application mailed September 17, 2001, for which the period for response is extended to February 17, 2002, Applicants submit herewith the executed Sole Declaration/Power of Attorney to complete the filing of the instant application.

**FEES**

The Commissioner is authorized to charge the requisite fees, as calculated below, to Deposit Account No. 19-0733.

Application Filing Fee	
Excess Independent Claims over 3	
Excess Dependent Claims over 20	
Extension of Time Fee	460
Late Filing Surcharge	65
SUBTOTAL	525

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PTO/SB/21 (08-00)

SECTOR #

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/924,468
Filing Date	August 9, 2001
First Named Inventor	Daniel NORRIS
Group Art Unit	2661
Examiner Name	TBA
Attorney Docket Number	005451.00002

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement/ Form PTO-1449  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Notice to File Missing Parts of NonProvisional Application (Return Copy);</b> <b>Sole Declaration For Patent Application (2 pp., Executed Facsimile);</b> <b>International Search Report</b>		
<table><tr><td>Remarks</td><td></td></tr></table>			Remarks	
Remarks				

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Thomas L. Peterson, Registration No. 30,969
Signature	
Date	February 19, 2002

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>			
Typed or printed name			
Signature		Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

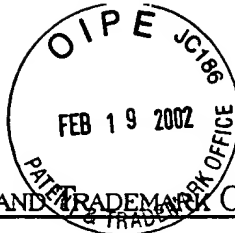
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2002</h2> <p style="font-size: small; margin: 5px 0;">Patent fees are subject to annual revision.</p>		<p><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>09/924,468</td> </tr> <tr> <td>Filing Date</td> <td>August 9, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Daniel NORRIS</td> </tr> <tr> <td>Examiner Name</td> <td>2661</td> </tr> <tr> <td>Group / Art Unit</td> <td>TBA</td> </tr> <tr> <td>Attorney Docket No.</td> <td>005451.00002</td> </tr> </table>		Application Number	09/924,468	Filing Date	August 9, 2001	First Named Inventor	Daniel NORRIS	Examiner Name	2661	Group / Art Unit	TBA	Attorney Docket No.	005451.00002
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<b>TOTAL AMOUNT OF PAYMENT</b> (\$ ) 525															

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																										
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: <div style="margin-top: 10px;">             Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">19-0733</span>              Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Banner &amp; Witcoff, Ltd.</span> </div> <p><b>The Commissioner is authorized to: (check all that apply)</b>  <input checked="" type="checkbox"/> Charge fee(s) indicated below   <input checked="" type="checkbox"/> Credit any overpayments  <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application  <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>	<p><b>3. 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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Thomas L. Peterson	Registration No. Attorney/Agent)	30,969	Telephone	202-508-9100
Signature				Date	02/19/02

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APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
09/924,468	08/09/2001	Norris Daniel	05451.00002

CONFIRMATION NO. 2955

FORMALITIES LETTER



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Date Mailed: 09/17/2001

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

02/22/2002 SDIRETA1 00000142 190733 09924468 FILED UNDER 37 CFR 1.53(b)  
01 FC:205 65.00 CH Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is unsigned.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 65.

A copy of this notice **MUST** be returned with the reply.

*Asale*

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PART 2 - COPY TO BE RETURNED WITH RESPONSE

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